## CARE of Southeastern Michigan's 25th Annual Parenting Conference Saturday, March 7, 2020



## **Workshop Speaker Proposal**

Proposal due: November 22 Speaker confirmation given by: December 13

Credentials (if Applicable):
ne and Bio must be attached to this application)
Zip Code:
Fax:
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ne and Bio must be attached to this application)
Zip Code:
Fax:
nutes in length. Attach copies of all handouts.

IN ORDER TO COMPLY WITH CEUS AND SW CEUS, WORKSHOPS MUST LAST 75 MINUTES. PLEASE DO NOT DISMISS WORKSHOPS EARLY.

This presentation topic is geared towards those with children: (circle all that apply)

Ages: 0-5 5-9 9-13 13-18 Any Age

urse):	n of Presentation (A brief description of the topics and activities that will be addressed during the
t five (5	) main points' parents can expect to take home:
ookor l	biography to be printed in program (we may need to edit for space):
cakei k	(Please feel free to attach additional pages)
	book recommendations (within last 5 years) for parents who attend your session? Please
ا (2) ده	ook recommendations <u>(within last 5 years)</u> for parents who attend your session? Please
	(APA style: author. published date. book title. city and publishing company.)
:	(APA style: author. published date. book title. city and publishing company.)
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\*\*ALL SPEAKERS <u>MUST</u> HAVE THEIR OWN USB TO USE FOR YOUR PRESENTATION. PLEASE SEND A COPY OF YOUR POWERPOINT IN CASE YOUR USB GETS LOST OR CURRUPTED. PLEASE DO NOT BRING YOUR OWN LAPTOP. THE MISD PROVIDES LAPTOPS, PROJECTORS, AND SPEAKERS IN ALL ROOMS.

In an effort to save paper, time and money we are offering the opportunity to have your placed on a USB that will be given to all participants at the conference.  The deadline will be February 14, 2020.	materials
Yes, I am willing to have a pdf. of my PowerPoint included. Yes, I am willing to have pdf versions of my handouts included. Yes, I would like <b>both</b> my PowerPoint and Handouts included.	
Presenter: You are invited to have lunch at the conference. Will you be joining us? Yes Would you like the vegetarian option? Yes No Do you need gluten-free? Yes	
Co-Presenter:  You are invited to have lunch at the conference. Will you be joining us? Yes  Would you like the vegetarian option? Yes No Do you need gluten-free? Yes	
Return proposal to: CARE of Southeastern Michigan,	
ATTN: Toroca Candnor 21000 Litica Boad Eracor MI 19026	

Return proposal to: CARE of Southeastern Michigan,
ATTN: Teresa Sandner, 31900 Utica Road, Fraser, MI 48026
<a href="mailto:teah.com">tsandner@careofsem.com</a> or 586.541.0034 (fax)

Questions? 586.218.5280